

Camp Fiesta Registration Packet

Stapley Junior High School
3250 E. Hermosa Vista, Mesa

Jacquie Gallo, Recreation Programmer
(480) 644-4948 office
Jacquie.Gallo@MesaAZ.gov

**Participants ages 6-21 years with
intellectual disabilities**

**11:30am-3:30pm
Monday-Thursday**

**Session I: June 6-June 30
Session II: July 5-July 14**

Fees:

Session I - \$315 Resident / \$377 Non-Resident
Session II - \$158 Resident / \$189 Non-Resident

Payment through DDD referrals are welcome. Please contact your support coordinator for a "Changes in ISP" form to include Camp Fiesta Summer program with the City of Mesa Parks, Recreation & Community Facilities.

Camp Fiesta has limited spaces available. You will be notified of the child's acceptance into the program within 7 business days following the receipt of all completed paperwork.

In this packet:

- Welcome Letter
- General Information
- Registration form
- Participant information sheet
- Release of Information
- Media Release
- Medication Release
- Medication form
- Swimming policies and procedures
- Lifejacket Requirement release
- Child pick-up and drop-off policy



Please DO bring the following to camp:

- Gym shoes (sandals or other open toed shoes are not appropriate)
- Wear play clothes (shorts & t-shirt)
- Swim suit and towel (swim days only)
- Flip flops for swim days only
- Water bottle
- Bag to keep all of these things in
- Packed lunches that do not need to be refrigerated along with a drink.

Please DO NOT bring the following to camp:

- Cell phones
- Electronic games
- Radios, CD or MP3 players
- Trading cards
- Toys
- Valuables

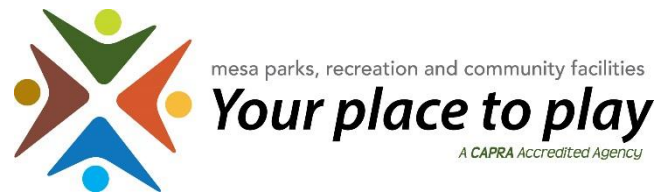
On special days we may allow some of these items. You will be notified ahead of time.



mesa parks, recreation and community facilities

Your place to play

A CAPRA Accredited Agency



March 20, 2016

Dear Camp Fiesta Participant and Parent,

Welcome to a fun-filled summer at Camp Fiesta! Your child's experience during the Camp Fiesta summer program will be filled with afternoons of swimming, cooking, arts & crafts, music, creative play, sports, and guest speakers. We are looking forward to meeting your child and providing a quality summer camp experience while making fun memories.

Please fill out **all** registration forms completely and accurately. **If a form does not pertain to your child, please write N/A across the form – please do not leave any pages blank!**

Camp Location:	Stapley Junior High School 3250 E. Hermosa Vista Dr., Mesa	
Camp Dates:	Session I	June 6 – June 30 Monday – Thursday
		\$315 resident / \$377 non resident 11:30am-3:30pm
	Session II	July 5 – July 14 Monday – Thursday
		\$158 resident / \$189 non resident 11:30am-3:30pm
Registration Dates:	March 30 and March 31 4:30pm-7:00pm	Mesa Convention Center 263 N. Center St. Bldg. A

Payment: Payment is due with the completed registration packet. Please make checks payable to the City of Mesa. **DTS Referral Forms will be accepted** as payment from Department of Developmental Disabilities. Please be sure the original referral form is filled out completely and is returned with the completed registration packet along with a copy of the most recent ISP.

If your child is determined as needing an enhanced ratio, you must get permission for this from your DDD Support Coordinator before being placed on the registration list. **Please note:** Children in SID classrooms during the school year require at 1:2 ratio of staff to participants and there is limited space in our SID program.

Important note: Camp Fiesta has limited spaces available. You will be notified of the child's acceptance into the program within 7 business days following the receipt of all completed paperwork.

Sincerely,

Jacquie Gallo, Recreation Programmer
Jacquie.Gallo@mesaaz.gov
(480) 644-4948 office

Lane Gram, Recreation Supervisor
Lane.Gram@mesaaz.gov
(480) 644-2863 office

Camp Fiesta General Information 2016

Location:

- Stapley Junior High School - 3250 E. Hermosa Vista, Mesa

Time:

- Drop off by 11:30am.
- Pick up at 3:30pm at the front of the school.
- Please do not park in or block the loading zone in front of the office, as it is needed for buses.

Lunch:

- You will be responsible for sending lunch for your child each day. Please send a lunch that does not need to be refrigerated as we do not have enough refrigerator space. Please remember to send a drink as well.

Swimming:

- Your child's group will be swimming one day each week. A letter will be sent home after registration closes telling you what day of the week your child will be swimming.
- Please send your child to camp with a swimsuit, towel, sandals/water shoes and sunscreen applied on their scheduled swim day.
- Please have your child's belongings marked with their name.

Dress Code:

- Participants should wear comfortable clothing such as a t-shirt, shorts or jeans.
- Sandals and bathing suits should only be worn on swim days
- Athletic or soft soled shoes (non-marking with closed toed, laced, buckled or velcro closed) are required for all program activities. **NO FLIP FLOPS/SANDALS.**
- Participants should wear shorts or leggings under dresses.
- Please send a change of clothes if your child has a tendency to have accidents.

Child Pick-up / Drop-off:

- If you are transporting your child, please drop off your child at 11:30am each day to ensure they will have enough time to finish eating lunch before beginning their camp activities.
- Please pick your child up at 3:30pm. Please be aware that the sidewalk in front of the office is reserved for buses only.
- You must park and come inside the school to sign your child out when picking them up. Be prepared to show photo ID each time, and realize no child will be sent home with a person that is not listed on their pick-up list.
- Anyone picking up a child from camp must be listed as an authorized adult on the child's paperwork, and will be required to show picture ID when signing the child out.
- If your child has special transportation needs, a responsible adult must meet the bus both at pick-up and drop-off.

Camp Fiesta Registration Packet

Please check sessions to register participant for: ☐ June 6-June 30 ☐ July 5-July 14

Please check week days the participant will attend: ☐ Mon ☐ Tue ☐ Wed ☐ Thu

Participant Name: _____
First Last M.I.

Gender: ☐ M ☐ F Date of Birth: _____ Last Grade Completed: _____

Name of Last School Attended: _____

Teacher Name: _____ Type of classroom: _____
(i.e. – MOID, Autistic, MIID, SID)

Parent/Guardian Name: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Email Address: _____

Home Address: _____
Street City Zip code

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

I, the undersigned, assume all risks and/or hazards with participation in or connection with this program, Camp Fiesta, and do hereby agree to hold harmless the City of Mesa and its employees for loss which may occur therein. I understand that each camp participant is responsible for his/her own health insurance.

In the case of an emergency, I hereby give authority to any hospital, doctor, or paramedics to render immediate aid as might be required at the time for the health and safety of the identified participant.

☐ Yes ☐ No

Preferred hospital: _____ Physician Name: _____

Health Insurance Provider: _____ Policy #: _____

Parent/Guardian Signature: _____ Date: _____

Payment Option:

- ☐ **Private Pay Client:** I will be paying out of pocket (cash, credit card, check). Payment not required until registration is confirmed. Checks payable to **City of Mesa**.
- ☐ **DDD Paid Client:** I will be using DDD (Division of Developmental Disabilities) services.
 - ☐ Using DDD services requires you to have approval from DDD and a referral to submit to City of Mesa in order to complete enrollment. Please contact your Coordinator for approval of DTS (summer) hours. If in the process of approval, please contact City of Mesa Recreation Programmer to proceed with registration.
 - ☐ DDD Coordinator Name: _____
Phone: _____ Email: _____

Participant Information Sheet

What assistance does the participant receive at school?

- | | |
|---|---|
| <input type="checkbox"/> Inclusion Class | <input type="checkbox"/> Special Ed Class 1:2 ratio |
| <input type="checkbox"/> Special Ed Class 1:4 ratio | <input type="checkbox"/> Special Ed Class 1:1 ratio |

☐ Yes ☐ No History of Seizures Type: _____ Date of last: _____

☐ Yes ☐ No Is there a behavior management technique that is more effective than others? If yes, please explain what works best for the participant when she/he is acting out.

☐ Yes ☐ No Does the participant have a tendency to wander away from the group? Please explain any special circumstances the participant may need.

☐ Yes ☐ No Does the participant require assistance when toileting (i.e. transfers, hand-washing, personal hygiene)?

☐ Yes ☐ No Does the participant use diapers or pull-ups?

☐ Yes ☐ No Is the participant toilet trained?

☐ Yes ☐ No Can the participant swim independently? Please describe the level of assistance the participant will require for a safe experience at the pool.

☐ Yes ☐ No Does the participant have favorite hobbies, interests, or activities?

☐ Yes ☐ No Does the participant have any known allergies: _____

☐ Yes ☐ No Does the participant have any of the following:

☐ Visual impairments – Please explain: _____

☐ Hearing impairments – Please explain: _____

☐ Feeding tube – Please explain: _____

☐ Adaptive equipment – Please list: _____

☐ Other special needs – Please explain: _____

☐ Yes ☐ No Does the participant have any communication difficulties: _____

☐ Yes ☐ No Does the participant display any unusual behaviors? If yes, please describe: _____

☐ Yes ☐ No Is there any other important information that you would like to share with the staff in order to help the participant have a positive and safe experience at Camp Fiesta?

Is the participant known to:

Interact well with others? ☐ Never ☐ Rarely ☐ Occasionally ☐ Often ☐ Regularly

Be cooperative with peers and adults? ☐ Never ☐ Rarely ☐ Occasionally ☐ Often ☐ Regularly

Express his/her needs independently? ☐ Never ☐ Rarely ☐ Occasionally ☐ Often ☐ Regularly

Exhibit age-appropriate behaviors? ☐ Never ☐ Rarely ☐ Occasionally ☐ Often ☐ Regularly

Hit or strike others? ☐ Never ☐ Rarely ☐ Occasionally ☐ Often ☐ Regularly

Use foul language? ☐ Never ☐ Rarely ☐ Occasionally ☐ Often ☐ Regularly

Other details/information: _____

Please indicate the camp activities that the participant is interested in:

☐ Sports & Games

☐ Swimming

☐ Movies

☐ Board Games

☐ Video Games

☐ Music Therapy

☐ Arts & Crafts

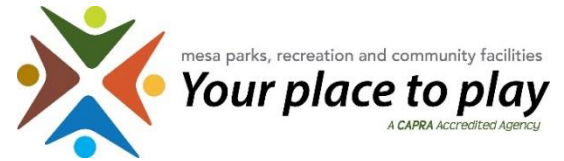
☐ Acting / Drama

☐ Special Guest Speakers

☐ Cooking

☐ Science

☐ Carnival



Release of Information

I, _____ am enrolling my child/ward, _____ in a City of Mesa Parks, Recreation and Community Facilities program. I hereby give my permission for you to release the information requested below for my child/ward. I understand this information will be used to plan appropriate activities for my child/ward. Please initial next to all methods for which you give permission of release. (Please note: If camp supervisors determine your child has any special supervision requirements we will require a release of ***all*** these types of information to optimize your child's camp experience. Also, if your child is in need of an 'enhanced ratio', you must get prior approval through your support coordinator before your child will be registered for camp.)

_____ Release of IEP Information
Initials

_____ Adaptive Recreation Staff classroom visit/observation of child
Initials

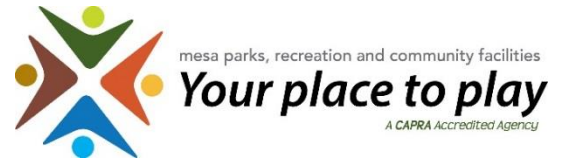
_____ Teacher and staff phone conversation
Initials

Photo Release

I grant permission to the City of Mesa Parks, Recreation and Community Facilities to use the likeness, voice, and words of the child named below in TV, newspaper, film, video, or other media, for the purpose of promoting of the City of Mesa Parks, Recreation and Community Facilities Adaptive programs. (This release is not mandatory, and we do understand that many participants cannot have their images released to the public)

Name of Participant: _____

Parent/Guardian Signature: _____ Date: _____



Medication Release Form

Participant Name: _____
First Last M.I.

I, _____ give permission and consent for the City of Mesa Parks, Recreation and Community Facilities staff to administer medication to _____ (participant name) by the instructed dosage, frequency, type, and/or prescription direction given below with my direct consent. I give permission for emergency medical service to be administered to my child/ward listed above.

Parent/Guardian Signature: _____ Date: _____

Please be sure to list all medications along with dosage and possible side effects that the participant is currently taking regardless of the time of day taken.

Medication Name	Dosage	Time of Day Taken	Possible Side Effects
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please note: Participants are not to carry medications with them or in their backpack at any time during camp hours, or on any bus ride. The only exception to this policy includes the following: EPI Pen, Inhaler, Diastat release. **All medications must be in the original bottle with the participant's name on it.**

EPI-Pen / Inhaler / Diastat Release Form

If your child/ward must carry an EPI pen or inhaler on their person in case of medical emergency, this permission form must be signed by the parent/guardian.

As the parent/guardian of (participant's name) _____, I give my permission for an EPI pen or inhaler to be carried on their person at Camp Fiesta. I understand the medication must have the correct prescription label on it with the dosage information on the medication itself. This exception is only for EPI pens and inhalers.

Parent/Guardian Signature: _____ Date: _____

Note: If the participant demonstrates irresponsibility in carrying/using the medication, the Recreation Programmer or Nurse will hold the medication and the parent/guardian will be notified.

Camp Fiesta Summer Medication Form

Please note: A separate medication sheet must be kept for *each* medication given to your child during camp hours. Please make copies of this form as necessary and include them with the registration packet. It is the parent's responsibility to bring the child's medication to Camp Fiesta in the right quantities or doses.

As the parent/guardian of (participant's name) _____, I give consent for the Camp Nurse, Site Supervisor, Recreation Programmer, or his/her designee, to see that my child/ward receives the medication as listed below:

Medication Name: _____

Dose: _____ Time to be given: _____

Special Instructions: _____

Potential side effects: _____

Parent/Guardian Signature: _____ Date: _____

.....
(Office use only)

Date	Initials	Comments	Date	Initials	Comments
Mon June 6			Mon June 27		
Tue June 7			Tue June 28		
Wed June 8			Wed June 29		
Thu June 9			Thu June 30		
Mon June 13			Mon Holiday		
Tue June 14			Tue July 5		
Wed June 15			Wed July 6		
Thu June 16			Thu July 7		
Mon June 20			Mon July 11		
Tue June 21			Tue July 12		
Wed June 22			Wed July 13		
Thu June 23			Thu July 14		

Signature of staff administering medication: _____

A=participant absent

R=refused to take medication

X=no program today

0=no medication sent to program

Swimming Policies and Procedures

Swimming is a great part of the Camp Fiesta summer program. Stapley Junior High School's pool facility includes water play equipment and a water slide. This pool is not only used by our campers each day, but is also open to the public. In the past we have had several incidents with bowel control or other issues in the pool area. We need to ensure that our campers swimming experience as well as the public's is as clean and safe as possible.

If the participant has trouble with bowel control while swimming, they will be required to wear a swimmer diaper or plastic waterproof pants when their group swims. An accident in the pool requires the pool to be closed for up to 24 hours while the water is being cleaned and sanitized. This causes a major disruption to the pool schedule and an inconvenience to the other pool patrons. Our goal is to have a safe and clean summer, but also to make this process as discreet as possible and not to embarrass the participant.

There are many different websites that offer reusable adult size swimmers. You can access this company's website at: www.watersafetyproductsinc.com and use the keywords 'swim diaper' in the search.

Thank you in advance for your cooperation with this policy. If you have any questions or concerns regarding this issue, please contact Jacquie Gallo at 480-644-4948 or Jacquie.Gallo@mesaaz.gov.

For your information, the general pool rules are printed at the bottom of this sheet.

Participant Name: _____ Age: _____

The above named participant:

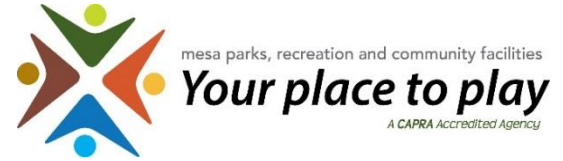
- ☐ Does not have problems with incontinence in pools.
- ☐ Has a problem with incontinence in pools.

I acknowledge reading the pool policy and agree to comply.

Parent/Guardian Signature _____ Date: _____

City of Mesa Pool Rules

1. Lifeguards have complete authority in the pool areas. This is for your safety and comfort.
2. NO glass containers permitted in the pool area.
3. A staff member must accompany children going to the restroom.
4. No loitering in the bathroom / changing area.
5. All persons in the pool area must be in swimsuits. This is especially true of adults supervising children. **You must be prepared to be in the water to supervise.**
6. Please remember to walk on the deck. No running or horseplay will be permitted.
7. Children under **seven (7)** years of age must be attended (not just accompanied) by an adult or **responsible** teenager.
8. No pets of any kind permitted in the pool area.
9. No food, gum, candy, tobacco (of any kind), or beverages other than water permitted in the pool area.
10. Please deposit all trash and other refuse in the containers provided.
11. Please make sure that children have sunscreen applied.
12. **Any child who is in diapers is required to wear plastic pants.**



Swim Release Form

Swimming at Camp Fiesta summer program will be part of the weekly activities offered to your participant. Please complete this swimming permission slip. This permission slip will be kept in the participant's file so that the participant will be eligible to swim during the summer camp. Without the proper signed release, the participant will not be eligible to swim at camp. Please fill out the participant's name, check the box that applies, and sign at the bottom. Thank you.

Participant's Name: _____
First Last M.I.

Check one please:

- ☐ May participate in swim activities under supervision of Camp Fiesta staff.
- ☐ My child's level of swim is: _____
- ☐ Beginner - Zero Depth area only.
- ☐ Intermediate swimmer - big pool and slide.
- ☐ May not participate in swim activities at Camp Fiesta.

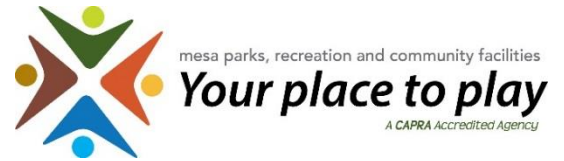
Parent/Guardian Signature: _____ Date: _____

Life Jacket/Personal Floatation Device (pfd) Requirement Waiver

The City of Mesa Parks, Recreation and Community Facilities requires program participants who have had seizures within the last 6 months and those participants requiring assistance with mobility to wear a life jacket/pfd while participating in aquatic activities during Camp Fiesta. By signing this waiver, you are requesting that your son/daughter/ward be exempt from this requirement. You are stating that you understand that if your son/daughter/ward has a seizure while in the involved in aquatic or swimming activities without a life jacket/pfd there is an increased risk of injury or death. In the event a seizure occurs while in the water, paramedics will be called.

I, (name of parent/guardian) _____, hereby request that my son/daughter/ward (name of child/ward) _____, be allowed to participate in program/camp aquatic or swimming activities **WITHOUT** a life jacket/pfd. I agree to release the City of Mesa Parks, Recreation and Community Facilities and its employees from all liability arising from any harm or injury which occurs as a result of my request that my son/daughter/ward not be required to wear a life jacket/pfd while participating in program/camp aquatic and swimming activities. I understand that pfd's do not prevent drowning.

Parent/Guardian Signature: _____ Date: _____



Child Pick Up and Drop Off

For the safety of the participant, please list any other persons who may be picking up the participant from Camp Fiesta as well as their telephone number. **Please note:** the participant will NOT be released to any individual unless his/her name is listed below and they have a matching picture ID with them. There are NO exceptions to this camp rule.

Participant Name: _____
First Last M.I.

Please list any adults that you grant permission to pick up your son/daughter/ward: including yourself.

Full Name	Relation	Cell Phone Number
1. _____		
2. _____		
3. _____		
4. _____		

I grant permission to the above listed adults to transport my child/ward to and/or from Camp Fiesta.

Signature of Parent/Guardian: _____ Date: _____

Please print full name: _____

Please remember that you or those with permission to pick up your child must sign in/out your child at the Camp Fiesta Site Supervisors Office with a current picture ID.